



Murfreesboro Water and Sewer Department

300 NW Broad Street, P.O. Box 1477 • Murfreesboro, Tennessee 37133-1477

phone: 615-890-0862 • fax: 615-896-4259

Application For Sewer Charge Reduction Metered Water Not Discharged To Sewer

SECTION A - GENERAL INFORMATION

A-1. Business Name: _____

Provide the official or legal name of the business.

A-2. Facility Address

Provide the physical location of the facility.

Street: _____

City: _____ State: _____ Zip: _____

A-3. Business Mailing Address

Provide the address where any correspondence is to be sent.

Street: _____

City: _____ State: _____ Zip: _____

A-4. Designated Contact

Person authorized to represent this business in official matters.

Name: _____ Phone: _____

Title: _____

A-5. Alternate Contact

Additional contact if primary contact is not available.

Name: _____ Phone: _____

Title: _____

A-6. Type of Business:

Identify the type of business and provide a brief description of the production or services performed.

SECTION B – OPERATIONAL CHARACTERISTICS**B-1. Annual Operation**

Indicate type of annual operation. If seasonal or intermittent, describe times of operation below

Business Activity: ☐ Continuous, throughout the year ☐ Seasonal or intermittent

Waste Discharge: ☐ Continuous, throughout the year ☐ Seasonal or intermittent

B-2. Periodic Shutdown

Does operation cease during periods of maintenance, vacation, etc.? ☐ YES ☐ NO

If YES, describe reasons and periods of shutdown below.

B-3. Shift Information

Day of Week	Shifts Per Day	Employees Per Shift			Shift Begin & End Times		
		1 ST	2 ND	3 RD	1 ST	2 ND	3 RD
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

SECTION C – WATER USE INFORMATION**C-1. Water Usage**

Provide average usage per day. Indicate whether the volume is measured [M] or estimated [E].

	Type of Use	Volume Used	Units (gals, cu.ft.)	M/E
a.	Domestic (restrooms, etc.)			
b.	Contact cooling			
c.	Non-contact cooling			
d.	Boiler/tower feed			
e.	Process			
f.	Air pollution control			
g.	Contained in product			
h.	Washdown			
i.	Irrigation			
j.	Storm water runoff to sewer			
k.	Other:			
l.	Other:			

C-2. Water Sources *(Indicate all that apply)*☐ Private well☐ Surface water☐ Murfreesboro Water Department☐ Storage tank (volume & type) _____☐ Other source (explain) _____**C-3. Service Account Numbers(s):** _____**SECTION D - WASTEWATER INFORMATION****D-1. Sewer Connections***List size, location, & average flow in gallons per day of each connection.*

	Size (in.)	Flow (GPD)	Location
#1			
#2			
#3			

D-2. Wastewater Flow*Indicate the hours, times and volumes that non-domestic wastes are discharged.*

Day of Week	Duration of Discharge	Discharge Flow Rates			Hours of Discharge
		Peak Hourly	Maximum Daily	Daily Average	
Mon.					to
Tues.					to
Wed.					to
Thurs.					to
Fri.					to
Sat.					to
Sun.					to

D-3. Wastewater Reclamation*Indicate if any reclamation process is utilized. If **YES**, describe below.*☐ YES ☐ NO

D-4. Sewered Wastes

Provide the average volume in gallons per day of wastes that are discharged into the sewer system. Include domestic, process, wells, or other.

Description of Waste	Volume Generated	Percent of Total	M/E
Totals:			

Describe the method(s) used to determine the volumes indicated above:

D-5. Non-Sewered Wastes

Provide the average volume of wastes generated that are not discharged into the sewer system. Include storm sewer, surface water, ground water, injection, evaporation, hauled, or other.

Type of Waste	Volume Generated	Units (gal, lb, etc.)	Frequency (per week, yr, etc.)	Disposal Method	M/E

Describe the method(s) used to determine the volumes indicated above. :

SECTION E - AUTHORIZED SIGNATURES**E-1. Authorized Representative Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name

Date

Title

Phone

Signature